

## German Literature

### ABSTRACTS OF GERMAN LITERATURE

ERYTHEMA NODOSUM AND TUBERCULOSIS. BY PROFESSOR E. MORO, of Heidelberg. *Muenchener Medizinische Wochenschrift*, No. 21.

THE author, Professor Moro, wishes to take exception to the statement made by Pollak in the *Wiener Medizinische Wochenschrift* to the effect that erythema nodosum occurs, certainly in childhood, in tuberculous individuals exclusively, and is, indeed, a tuberculous skin lesion, the statement being based on the fact that forty-eight children with this condition, examined in the Vienna Poliklinik, gave without exception a positive cutaneous reaction to tuberculin: and this, moreover, at an age when tuberculosis is relatively rare. Moro's investigations have resulted in five negative reactions in forty-eight cases of erythema nodosum, and he claims that Pollak's figures merely remind one of the frequency with which tuberculosis attacks Viennese children. The author does not deny that erythema nodosum and tuberculosis may bear some relation to each other, for he reminds us that he was the first to investigate this question and has published the report of an instance where a child with tuberculous spondylitis was given the tuberculin test with the result that there appeared on the legs petechial and purpuric spots, many of which assumed the appearance of erythema nodosum. There seems to be no doubt of the tuberculotoxic nature of the above condition. On the other hand the inoculation of guinea pigs with material obtained from an excised nodule has always been negative. One cannot then say that the nodules are tuberculous lesions, indeed their appearance cannot always be considered as due to the existence of a tuberculous *allergie*\* in the tissues, as one might be inclined to believe. But it is known that children suffering from erythema nodosum frequently have purpura and exhibit a marked vasomotor excitability to chemical irritation which alone could explain the intensive cutaneous tuberculin reaction.

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\*Allergie: von Pirquet's term for a condition of acquired immunity associated with the phenomena of anaphylaxis. Translator.

**HYPERTROPHY OF THE PROSTATE.** BY PRIVATDOZENT KIEL-LEUTHNER, of Munich. *Muenchener Medizinische Wochenschrift*, No. 31.

The author thinks we must consider hypertrophy of the prostate as a proliferative neoplastic process; as a new growth from the gland epithelium, characterized by large or small retention cysts; but of its immediate cause we are as ignorant as that of other tumours. There has been a decided change in the teaching regarding the rationale of operative treatment for this condition. Until a short time ago surgeons were of the opinion that by the suprapubic route they could remove the whole prostate; even Freyer was of the opinion that he was practising total extirpation of the gland. It seems astonishing, with one's knowledge of the anatomy of the prostate, that it should have been believed that with the finger, one could remove in a few minutes an organ that has no true capsule, and is very closely attached to the surrounding tissues. Latterly Tandler and Zuckerkandl of Vienna have taught that one only succeeds in partially shelling out the gland; that this must be so if the sexual function is retained. The so-called middle lobe and the lateral lobes which spread out from it and encircle the urethra above the verumontanum are the parts that hypertrophy. Certain French surgeons have gone so far as to say that the hypertrophy is of accessory prostate glands, and not of the organ itself. If the whole gland were enlarged the prostatic urethra would be lengthened, which is not the case. The fact that the extirpated lobes often have the appearance of the complete prostate is frequently misleading. In a properly performed operation the sexual potency is retained, since it is only the part of the urethra which is above the verumontanum that is occasionally removed with the hypertrophied parts of the gland. The perineal route causes more danger to the ejaculatory ducts than the suprapubic. Again one must consider the great danger to which the patient would be exposed from hæmorrhage from the prostatic plexus and from extravasation, if the whole gland were actually removed. In summing up one may say: that there are parts of the prostate that rarely hypertrophy; that with the modern operation the prostate remains; and that the method, although a conservative one, results usually in a permanent cure.

SERUM THAT WILL NOT CAUSE ANAPHYLAXIS. BY DR. WILHELM  
EICHHOLZ. *Muenchener Medizinische Wochenschrift.*

The ordinary form of dried serum, in spite of many advantages, especially for use in the tropics, cannot be recommended, since it is difficult and sometimes impossible to redissolve it in sterile water. The author has experimented with a new method of preparing a dried serum with excellent results. The ordinary immune serum is dried at a low temperature, under aseptic precautions and the dried product ground to a fine powder which is suspended in sterile olive oil. The result is an oily solution that is sufficiently fluid at room and body temperature and can be injected by means of the ordinary syringe. The solution contains no preserving fluid, but by means of its absolute freedom from water there is no danger of deterioration or bacterial pollution, for bacteria do not multiply in this medium. It has moreover another distinct advantage: it does not produce anaphylaxis. Our knowledge of albumen anaphylaxis leads us to believe that after the sensitizing injection there are formed in the organism specific proteolytic ferments which, after a second injection at a later period, cause a rapid splitting up of the injected albumenoids, and as a result a flooding of the system with toxic albumenous products. The dried serum does not produce any of these results, and this was proved thus: a number of guinea pigs were injected subcutaneously with horse serum and after twenty-one days some of these were again injected with this serum, while the remainder were given the specially prepared dried product of the serum. The severity of the anaphylaxis produced was gauged chiefly by the drop of body temperature. The animals that received the reinjection of fluid serum exhibited a fall of temperature averaging  $5^{\circ}$  C. Four of these animals were very ill. In the case of the guinea pigs that received the dried serum there was scarcely any reaction, the average fall of temperature being  $1.4^{\circ}$  C., and none of them showed any signs of sickness. The efficiency of the dried serum as an antitoxin is proved satisfactorily by various experiments, but the tables showing the results are too long to reproduce in these columns. The antitoxic action is not so rapidly apparent as with the ordinary serum; but it is better, for instance in a case of diphtheria, to have a delay of perhaps an hour in the effects of the dried serum than to subject the patient to the danger of anaphylactic shock from the ordinary fluid preparations.

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